INTERIM HEPATITIS A SCREENING RECOMMENDATIONS FOR NEWLY ARRIVING HMONG REFUGEES Revised – October 20, 2004

Current status:
As of October 20, 28 Hmong patients in 11 Wisconsin counties have been found to be IgM anti-HAV positive, indicating recent infection (within the past six months). One of the infected children was a member of an anchor family.

Largely as a result of your screening efforts, a vaccination campaign is underway in the refugee camp in Thailand. Beginning the week of October 4, children between the age of 1 – 12 years (inclusive) are receiving the hepatitis A vaccine in Thailand. It was expected that this campaign should take one to two weeks to complete. This will soon eliminate the need for local providers to administer the first dose of this vaccine to this age group, although a second dose should be administered in approximately 6 to 12 months. The hepatitis A vaccination will be documented on the appropriate form so it should be apparent who has been vaccinated. In the short term, it is likely that additional new cases of hepatitis A may still be detected, since the vaccine will not halt progression of the disease in children who are incubating the disease when they are vaccinated.

Recommendations: (SEE ACCOMPANYING FLOW CHART)

1) **The Wisconsin Division of Public Health (DPH) is recommending that all Hmong refugees less than 19 years of age be tested for hepatitis A as soon as possible after arrival in the USA unless they have received the hepatitis A vaccine more than one month ago.**

2) **We are additionally recommending that refugees who are between 2 and 12 years of age (inclusive) should be given hepatitis A vaccine routinely, as soon as possible after arrival, unless they are known to have received at least one dose of the hepatitis A.**
For older children (13 – 18 years old), we advise vaccination only when their screening test shows them to be susceptible (i.e., total anti-HAV neg).

   For practical considerations, it is most efficient to vaccinate the 2 – 12 year olds at the same time as when blood is being collected for the screening tests.

   In Thailand, hepatitis A vaccine is licensed for use in children starting at one year of age. However, hepatitis A vaccine is currently licensed in the United States only for children two years and older. Therefore, if a child received hepatitis A vaccination before two years of age, two additional doses of hepatitis A vaccine, administered 6-12 months apart, are necessary after reaching age two.

3) **Hepatitis A vaccinations are also being advised for certain anchor family members if they are hosting a refugee family containing children who have not been immunized against hepatitis A at least one month prior to arrival. Members of the anchor family who should be immunized are all children (<19 years old) and all adults who were born in the USA. Ideally, these vaccinations should be given at least one month prior to arrival of the refugee family. If this cannot be done, vaccinate as soon as possible.**

We have seen multiple refugees who were not tested until several weeks after arrival. This delay can have a significant impact on the effectiveness of control measures. Providers and public health staff are urged to implement these recommendations in the most timely manner possible.

Methods:

- Because these refugees are already having blood drawn for other screening tests, and because the additional tests should only require about one ml of serum, it should not be necessary to perform an additional venipuncture for the HAV testing.

- The screening for hepatitis A consists of the two serologic tests for HAV antibody (total anti-HAV and IgM anti-HAV), as well as an alanine aminotransferase (ALT) level.
- The ALT will only be run if the patient is IgM anti-HAV positive.
- For information on ordering hepatitis A vaccine from the Wisconsin Immunization Program for susceptible refugees, contact Jackie Nelson, Vaccines for Children Coordinator, at 608-266-1506 or nelsojs@dhfs.state.wi.us.

Fiscal Issues:

- The tests for hepatitis A can be performed at the Wisconsin State Laboratory of Hygiene (SLH) on a fee-exempt basis. On the SLH requisition form [WSLH CCD Requisition Form (B)], request test # 36 ("hepatitis A serodiagnosis" – this includes both the total and the IgM anti-HAV tests) – and test # 236 (ALT) and write-in "if IgM anti-HAV positive."
- If the patient has a medical assistance number, it should be included on the requisition form.
- Refugees being tested by private laboratories should be tested in the same manner. Note that both the total and the IgM test should be run on each specimen. If the IgM anti-HAV is positive, an ALT level should be run as well.
- If immune globulin (IG) is indicated, the DPH can supply it at no cost. If potential recipients of IG have medical assistance, they can be referred to private providers.

Other Considerations:

Interpretation of serology results for persons who received the hepatitis A vaccine: After the first dose of vaccine, most vaccinees will develop a detectable IgM response within two to three weeks, with levels falling below the threshold of detectability in approximately one month. Total anti-HAV levels are more variable following the primary vaccination, but typically parallel the IgM response. After the second vaccine dose, patients usually do not have a detectable IgM response, but will generally show detectable total anti-HAV (primarily IgG class) for two to five years before total anti-HAV falls below detectable levels. If a child who was vaccinated 2-3 weeks prior to HAV testing is IgM anti-HAV positive and has a normal ALT, consult with DPH on the need for intervention with the refugee and anchor families.

Use of live virus vaccines: Immune globulin does not typically interfere with the immune response to inactivated vaccines or yellow fever vaccine. However, IG can interfere with the response to other live, attenuated vaccines (e.g., measles, mumps, rubella vaccine [MMR] and varicella vaccine). Administration of MMR and varicella vaccine should be delayed for at least 3 months after administration of IG for hepatitis A prophylaxis. IG should not be administered within 2 weeks after the administration of MMR or varicella vaccine unless the benefits of IG exceed the benefits of vaccination. If IG is administered within 2 weeks after an MMR or varicella vaccine, the person should be revaccinated, but not sooner than 3 months after the IG administration.[1]

Questions about these recommendations can be addressed to Dr. Jim Kazmierczak at the Bureau of Communicable Disease and Preparedness (608/ 266-2154).

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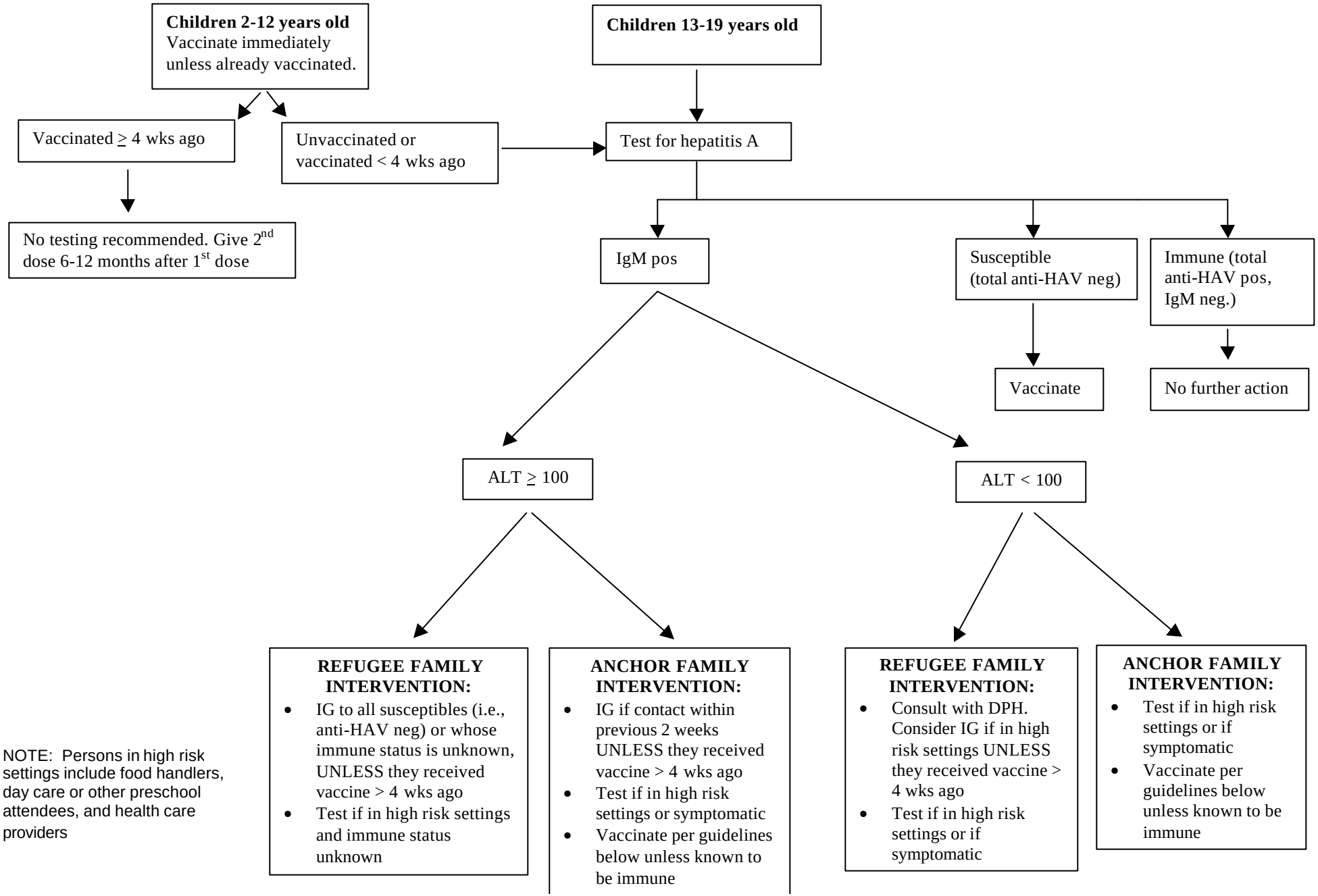
[1] Centers for Disease Control and Prevention. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices and the American Academy of Family Physicians. MMWR 2002;51(No. RR-2):6-7.

Hepatitis A Screening and Response Algorithm FOR REFUGEE FAMILIES:



NOTE: Persons in high risk settings include food handlers, day care or other preschool attendees, and health care providers

Hepatitis A Vaccination Recommendations FOR ANCHOR (HOST) FAMILIES: